No. 2
—8-43
5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23078

Registration District No. 75 Primary Registration District No. 5301 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Cameron Shoal TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cozy Knook
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Rural Shoal TWS
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles South of Cameron
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LULA A WATSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W O Watson

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July (Month) 11 (Day) 1881 (Year)

8. AGE: Years 64 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Clinton Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John B Estep
13. Birthplace — (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Jeanette Gage
15. Birthplace — (City, town, or county) Minn (State or foreign country)

16. (a) Informant W O Watson
(b) Address Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Graceland Cem

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron

19. (a) June 8, 46 (Date received local registrar) (b) Mrs Willie Janes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1946 hour minute 6 25 A.M.

21. I hereby certify that I attended the deceased from 1 June 1946, 19 , to 7 June, 1946
that I last saw her alive on 7 June, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 8 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 8 3/4
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Cameron, Mo Date signed 8 June 46

66 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., ~~Registered Apprentice No~~ .....,

~~working under my personal supervision.~~

Signed Clarence O Nelson

Licensed Embalmer No. 4421

P. O. Address Cameron, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
5M—3-45
I X43880

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 75 Primary Registration District No. 5301 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Shoal Rural Cameron
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lula A. Watson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 11 18 (Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 26 Unless than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

23078